

8763

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791Primary Registration District No. 1003Registrar's No. 2246

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town ST. LOUIS.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. LOUIS HATENHEIM
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME AMELIA BERKEL3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEB. 9 1858
 (Month) (Day) (Year)

8. AGE: Years 82 Months - Days 27 If less than one day
 hr. _____ min. _____

9. Birthplace GERMANY. (City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE.11. Industry or business HOME.

MOTHER FATHER { 12. Name STACKLING.
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John W. Wirtz.
(b) Address 5408 S. Broadway.17. (a) BURIAL (b) Date thereof MAR 7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
NEW ST. MARCUS CH.18. (a) Signature of funeral director Dr. G. Fendler
(b) Address 7128 MICHIGAN AVE19. (a) MAR 8 1940 (b) _____
(Date received local registrar) (Day) (Month) (Year)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County _____
 (c) City or town ST. LOUIS. 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5408 S. BROADWAY.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1940 hour 4 minute 45 PM.21. I hereby certify that I attended the deceased from March
_____, 1935 to March 6, 1940;
that I last saw h aw alive on March 5, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Chor Myocarditis Duration 5 yrs.Due to arteriosclerosis ?Due to Senility ?Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Of operations NoneOf autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence None
 (c) Where did injury occur? None (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Max Starbuck (M. D. or other MD)
Address 512 David Place Date signed 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X 1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 925

P. O. Address ST. LOUIS.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.